

EHR: Print Function Restriction

Audio Seminar/Webinar

October 25, 2007

Disclaimer

The American Health Information Management Association makes no representation or guarantee with respect to the contents herein and specifically disclaims any implied guarantee of suitability for any specific purpose. AHIMA has no liability or responsibility to any person or entity with respect to any loss or damage caused by the use of this audio seminar, including but not limited to any loss of revenue, interruption of service, loss of business, or indirect damages resulting from the use of this program. AHIMA makes no guarantee that the use of this program will prevent differences of opinion or disputes with Medicare or other third party payers as to the amount that will be paid to providers of service.

As a provider of continuing education the American Health Information Management Association (AHIMA) must assure balance, independence, objectivity and scientific rigor in all of its endeavors. AHIMA is solely responsible for control of program objectives and content and the selection of presenters. All speakers and planning committee members are expected to disclose to the audience: (1) any significant financial interest or other relationships with the manufacturer(s) or provider(s) of any commercial product(s) or services(s) discussed in an educational presentation; (2) any significant financial interest or other relationship with any companies providing commercial support for the activity; and (3) if the presentation will include discussion of investigational or unlabeled uses of a product. The intent of this requirement is not to prevent a speaker with commercial affiliations from presenting, but rather to provide the participants with information from which they may make their own judgments.

Faculty

Chris Meyers, RHIA

Chris Meyers has over eighteen years experience in healthcare administration. In that time, she has overseen health information management, patient financial services, admitting, central scheduling, case management, quality, JCAHO, and social services. She has extensive knowledge in implementing the electronic health record and is recognized nationally as a leader in health information management transformation.

Chris is currently the President of eCatalyst Consulting, a healthcare consulting firm located in Phoenix, Arizona. eCatalyst Consulting specializes in the design and implementation of the electronic health record, healthcare software development, enterprise content management, eDiscovery, and HIM process redesign.

Before founding eCatalyst Consulting, Chris served as Administrative Director of HIMS/PFS for Banner Estrella Medical Center. Chris served in regional HIM positions for large hospital systems, smaller hospitals, and military facilities. In June 2005, Chris was awarded the Distinguished Member Award from the Arizona Health Information Management Association (AzHIMA). She is the Director of AHIMA's national Electronic Medical Record Practice Council and AzHIMA's Board of Directors.

Keith Olenik, MA, RHIA, CHP

Keith Olenik received his bachelor's degree in medical record administration from the University of Kansas and his master's degree in health services management with an emphasis in computer resources and information management from Webster University. Keith has over 20 years of experience in every healthcare setting and is currently operating The Olenik Consulting Group. He has worked in a variety of healthcare settings including long-term care, rehabilitation, and psychiatric facilities. Prior to starting his own business he was the Chief Privacy Officer and Corporate Director of Health Information Management for Saint Luke's Health System in Kansas City, Missouri. He is also a visiting professor for the University of Cincinnati Health Information Management Program and has contributed to two current health information management text books.

Keith is currently a director on the FORE Board, chair of the virtual lab advisory committee, and member of both the PHR and EHR practice councils. He was a director on the AHIMA board in 2004–2006. Keith has held various positions for the Missouri Health Information Management Association including President in 1998. He is also a member of the Health Information Management and Systems Society and serves on the following task forces; privacy and security, research, and EHR accreditation. In addition to these activities Keith has been a speaker at various conventions and educational seminars on HIPAA, project management, HIM functions, and electronic health records.

Table of Contents

Disclaimer	i
Faculty	ii
Agenda	1
Polling Question #1	1
Reasons to Restrict Printing	2
Planning for Printing Restriction—Strategy Development.....	2-3
Source Legend for Legal Record	3
Planning for Printing Restriction—Operational Considerations	4
Polling Question #2	5
Policy and Procedure	5-6
Polling Question #3	6
Reasons to Print.....	7
Reasons Not to Print.....	7-8
Polling Question #4	8
AHIMA CoP Polling Results	9
Legal Process.....	9-10
Admissibility.....	11-12
Authenticity	12-13
Release of Information	13-14
Case Studies.....	14
Conclusions	15
Resource/Reference List	15-16
Audience Questions.....	16
Audio Seminar Discussion and Audio Seminar Information Online.....	17
Upcoming Audio Seminars	18
AHIMA Distance Education online courses	18
Thank You/Evaluation Form and CE Certificate (Web Address)	19
Appendix	20
Resource/Reference List	21
Article: Printing Electronic Records: Managing the Hassle and the Risk.....	22
CE Certificate Instructions	

Agenda

- ◆ **Reasons to Restrict Printing**
- ◆ **Planning Print Restriction**
- ◆ **Policy Development**
- ◆ **Reasons to Print/Not to Print**
- ◆ **Legal Issues**
- ◆ **Release of Information**
- ◆ **Case Studies**
- ◆ **Conclusion**
- ◆ **Questions**

1

Polling Question #1

What is your current method of storing records?

- *1 Paper**
- *2 Hybrid**
- *3 Electronic**



2

Reasons to Restrict Printing

- 1. Reduce paper costs**
- 2. Reduce labor costs**
- 3. Reduce data redundancy (paper and electronic versions of the same data)**
- 4. Increase physician and clinician utilization of computer stored data and information**



3

Planning for Printing Restriction —Strategy Development

- ◆ **Get involved early with EHR planning**
- ◆ **Obtain buy-in from administration, physicians and clinicians**
- ◆ **Evaluate existing policies and procedures**
- ◆ **Consider bylaws, rules and regulations**
- ◆ **Evaluate printing functionality of your EHR**

4

***Planning for Printing Restriction
—Strategy Development***

(Cont'd)

- ◆ Consider how completion status of the record impacts printing
- ◆ Evaluate how document versions will be addressed
- ◆ Evaluate clinical workflows and address patient care concerns
- ◆ Establish connection to the legal EHR
- ◆ Policy and procedure development

5

Source Legend for Legal Record

Report/Document Types	LHR Media Type (P)aper/ (E)lectronic	Source System Application (nonpaper)	Electronic Storage Start Date	Stop Printing Start Date
Admission History & Physical	P/E	System 1	1/1/2002	1/1/2003
Attending Admission Notes	P			
Physician Orders	E			
Inpatient Progress Notes	P			
Discharge Summary	E	System 1	1/1/2002	4/1/2002
Inpatient Transfer Note	E	System 1	1/1/2002	

Hybrid Environment Appendix: Legal Source Legend

6

***Planning for Printing Restriction
—Operational Considerations***

- ◆ **Develop communication and education strategies**
- ◆ **Identify changes in workflow as paper is eliminated**
- ◆ **Determine method and format for printing**
- ◆ **Determine who will have the ability to print**
- ◆ **Consider print content based on person and need**

7

***Planning for Printing Restriction
—Operational Considerations*** *(Cont'd)*

- ◆ **Determine how handwritten notes will be handled**
- ◆ **Establish cut-off date if printing will be allowed initially**
- ◆ **Consider use of colored paper**
- ◆ **Ensure all printing is tracked in the audit trail**
- ◆ **Monitor results and take action to address issues**

8

Polling Question #2

Do you routinely print information that is available in electronic format?

***1 Yes**

***2 No**



9

Policy and Procedure

- ◆ **Obtain support**
 - Facility (administrative sponsor)
 - Medical staff
 - Clinicians
- ◆ **Multidisciplinary team**
- ◆ **Communication**
- ◆ **Education**



10

Policy and Procedure

(Cont'd)

- ♦ How printing is accomplished (EHR functionality, print screens, etc.)
- ♦ Who can print
- ♦ When printing is/is not appropriate
- ♦ What can be printed
- ♦ What happens to printed documents
- ♦ Special considerations: versioning, handwritten notes, completion, etc.

11

Polling Question #3

Do you have a policy on printing from the EHR or other electronic system?

- *1 Yes**
- *2 No**
- *3 N/A**



12

Reasons to Print

- ◆ **External requests**
 - Legal
 - Continuity of care
 - Insurance
- ◆ **Documentation update – H&P**
- ◆ **Resistance to change**
- ◆ **Availability of computers**



13

Reasons Not to Print

- ◆ **Support migration to EHR**
- ◆ **Cost reductions**
- ◆ **Variation between online and printed information (format issues)**
- ◆ **Currency of printed information**

14

Reasons Not to Print

(Cont'd)

- ◆ **Ability to print all information**
- ◆ **Version management**
- ◆ **Handwriting on printed documents**
- ◆ **Scanning documents already captured electronically**

15

Polling Question #4

Have you evaluated the print function of your EHR?

- *1 Yes**
- *2 No**
- *3 N/A**



16

AHIMA CoP Polling Results

How does your facility restrict printing EHR documents?

- 34% We have instituted a policy that prohibits printing except for approved staff.
- 7% We have instituted a policy which specifies allowable EHR documents to print.
- 20% We have a hybrid environment and print all EHR documents for the legal health record.
- 38% We do not have an EHR print restriction policy and allow printing.

(Votes: 150)

17

Legal Process

- ♦ **Determine the format of information production**
 - **Electronic information should be produced in a form that preserves substantive data relevant to the case; the format chosen should allow the parties to verify authenticity and authentication for evidentiary purposes.**

18

Legal Process

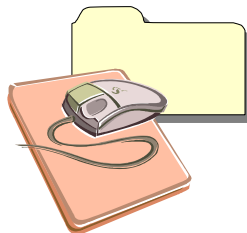
(Cont'd)

- ◆ **Determine the format of information production**
 - **Data that is not ordinarily viewable when normally printed need not be produced**
 - **This means paper printouts are okay**

19

Legal Process

- ◆ **Written records management policies should address both paper and electronic records**



20

Legal Process
—Admissibility

- **The type of computer used and its acceptance as standard and efficient equipment**
- **How the computer system operates**
- **The information has not been altered**

21

Legal Process
—Admissibility

(Cont'd)

- **The method and circumstances of preparation of the record, including:**
 - **The sources of information on which it is based**
 - **The procedures for entering information into and retrieving information from the computer**
 - **The controls and checks used as well as the tests made to ensure the accuracy and reliability of the record**

22

Legal Process
—Admissibility

(Cont'd)

- **The health record custodian provides testimony about the process and systems used to create the record.**
- **Policies, procedures, and methods should be documented and referenced to support the creation and maintenance of reliable and accurate records.**

23

Legal Process
—Authenticity

- **The authenticity of computer-generated records implicates the reliability of the computer programs that create the records.**
- **Reliability can be established by demonstrating that users of the program rely on it during the normal course of business.**

24

Legal Process
—Authenticity

(Cont'd)

- **Challenges to the authenticity of electronic information can take three forms:**

- **Information was altered, manipulated, or damaged after they were created**
- **Reliability of the computer program**
- **Question identity of the author**



25

Release of Information

- **Provide access regardless of storage medium**
- **Provide for timely retrieval**
- **Bring together information from multiple systems**
- **Effectively facilitate retrieval, display, reporting and dissemination**
- **Minimize the need for printing**

26

Release of Information

(Cont'd)

- Facilitate printing/copying of concise and easy-to-use documents
- Facilitate electronic requests
- Give patients the ability to see, copy, and amend information
- Support electronic tracking of disclosures
- *Manage the processes, not the media.*

27

Case Studies

- ♦ EHR status
- ♦ Printing restriction
- ♦ Lesson learned
- ♦ **Facilities: Banner Health, Denver Health, Saint Luke's Health System, St. Luke's Regional Medical Center**

28

Conclusions

- ♦ **Restricting the printing of electronic data supports a successful migration to the EHR.**
- ♦ **Establish printing restriction strategies, policies and procedures to ensure success.**
- ♦ **Consider the legal health record when planning for print restrictions to ensure that information can be produced.**

29

Resource/Reference List

- **Printing Electronic Records: Managing the Hassle and the Risk**
 - *Journal of AHIMA 78, no. 5*
- **Maintaining a Legally Sound Health Record – Paper and Electronic**
 - *Journal of AHIMA 76, no. 10*
- **Guidelines for Defining the Legal Health Record for Disclosure Purposes**
 - *Journal of AHIMA 76, no. 8*
- **Checklist for Assessing HIM Department Readiness and Planning for the EHR**
 - *Journal of AHIMA 76, no. 6*

30

Resource/Reference List

- **Definition of the Health Record for Legal Purposes**
 - *Journal of AHIMA 72, no. 9*
- **AHIMA Practice Brief: The Legal Process and Electronic Health Records**
 - *Journal of AHIMA 76, no. 9*
- **Developing a Legal Health Record Policy**
 - *Journal of AHIMA 78, no. 9*

31

Audience Questions





Audio Seminar Discussion

***Following today's live seminar
Available to AHIMA members at
www.AHIMA.org***

*"Members Only" Communities of Practice (CoP)
AHIMA Member ID number and password required*

Join the [e-HIM Community](#) from your Personal Page. Look under Community Discussions for the ***Audio Seminar Forum***

You will be able to:

- discuss seminar topics
- network with other AHIMA members
- enhance your learning experience

AHIMA Audio Seminars

Visit our Web site

<http://campus.AHIMA.org>

for information on the
2007 and 2008 seminar schedules.
While online, you can also register
for seminars or order CDs and
Webcasts of past seminars.



Upcoming Audio Seminars

- ♦ **Access and Control in Electronic Health Records**
November 20, 2007
- ♦ **HIPAA Security: What Everyone Should Know**
January 17, 2008
- ♦ **EHR Coding Practices**
February 7, 2008

AHIMA Distance Education

Anyone interested in learning more about e-HIM[®] should consider one of AHIMA's **web-based training courses.**

**For more information visit
<http://campus.ahima.org>**

Thank you for joining us today!

**Remember – visit the
AHIMA Audio Seminars Web site
to complete your evaluation form
and receive your CE Certificate online at:**

<http://campus.ahima.org/audio/2007seminars.html>

**Each person seeking CE credit must complete
the **sign-in form** and **evaluation** in order
to view and print their CE certificate.**

**Certificates will be awarded for AHIMA
CEUs and ANCC Contact Hours.**



Appendix

Resource/Reference List	21
Article: Printing Electronic Records: Managing the Hassle and the Risk.....	22
CE Certificate Instructions	

Appendix

Resource/Reference List

Printing Electronic Records: Managing the Hassle and the Risk. *Journal of AHIMA* 78, no. 5

http://library.ahima.org/xpedio/groups/secure/documents/ahima/bok1_034105.hcsp

(Member login required. This resource is also attached.)

Maintaining a Legally Sound Health Record – Paper and Electronic. *Journal of AHIMA* 76, no. 10

http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_028509.hcsp

Guidelines for Defining the Legal Health Record for Disclosure Purposes. *Journal of AHIMA* 76, no. 8

http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_027921.hcsp

Checklist for Assessing HIM Department Readiness and Planning for the EHR. *Journal of AHIMA* 76, no. 6

http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_027353.hcsp

Definition of the Health Record for Legal Purposes. *Journal of AHIMA* 72, no. 9

http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_009223.hcsp

AHIMA Practice Brief: The Legal Process and Electronic Health Records. *Journal of AHIMA* 76, no. 9

http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_028134.hcsp

Developing a Legal Health Record Policy. *Journal of AHIMA* 78, no. 9

http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_035543.hcsp



[Log Out](#) [My Searches](#) [Communities](#) [Main](#) [Advanced Search](#) [Contact Us](#) [Help](#)

Printing Electronic Records: Managing the Hassle and the Risk

by Gina Rollins

Paper copies of electronic records pose more than administrative hassles, they raise liability concerns as well.

As healthcare providers move closer to fully electronic health records, paper remains, frustratingly, part of the equation.

Some elements, like authorization and consent forms, may never start out in digital format, and there will continue to be a need to print official records for legal or patient care purposes. However, there are other instances when elements of the chart created electronically manage to find life in paper.

Printing portions of the EHR can, at a minimum, pose headaches for HIM staff charged with maintaining complete and accurate records. Absent sound, well-implemented policies and procedures, the practice can also pose concerns about the integrity of records. "It's a nightmare because you don't know whether someone printed out [a piece of the record] and wrote on it, and if they did, where it is," explains Margret Amatayakul, RHIA, CHPS, CPHIT, CPEHR, FHIMSS, president of Margret\A Consulting in Schaumburg, IL.

Why Is Paperless So Hard?

Digitized portions of the medical record may be printed in many settings under a variety of circumstances, but most printing involves resistance to change. In general people prefer familiar and comfortable routines over new workflows and technologies. This is human nature, and it applies equally throughout a healthcare facility. However, physicians typically are more empowered to stick with the tried and true, compelling organizations, at least for a period of time, to allow printouts of certain EHR components.

As Rady Children's Hospital and Health Center in San Diego began implementing an electronic history and physical (H&P) feature, some surgeons believed it would be easier for them to update them from hard copies. "As a baby step we allowed the H&Ps to be printed," reports Cassi Birnbaum, RHIA, CPHQ, director of health information and privacy officer. "Some physicians started signing [the printed copies], but then they found out they'd have to sign the H&Ps electronically anyway, so they stopped doing it."

Brigham and Women's Hospital in Boston faced a similar circumstance when it first implemented electronic discharge summaries. "Some physicians wanted to print out the discharge summaries, edit, and sign them, and we let them for a while," reports Jackie Raymond, RHIA, director of health information services and privacy officer. The practice stopped after doctors had more training, became more comfortable with the system, started using other EHR functions, and saw their colleagues using the EHR discharge summary module.

Resistance to change drives most duplicative printing, but organizations sometimes make a calculated decision to do so because of resource and access issues. At Hall-Brooke Behavioral Health Services in Westport, CT, laboratory test findings have been electronic for three years, but the system automatically prints new lab results

every night at midnight.

“There are not enough laptops or screens, and the nurses must see [the results],” explains Elisa Gorton, RHIA, MA, HSM, manager of health information services and privacy officer. A nurse reviewing the labs might circle high or low values on the printed lab result, document that he or she has discussed it with the physician, and note when the test should be retaken. These written-on test results are then routed to the HIM department, where they become part of the patient’s medical record, which is hybrid, an electronic and paper mix.

Hall-Brooke has adapted this special arrangement until it can make more computers available on each unit in a way that maintains patient privacy and both patient and staff safety. Other than this special circumstance, “HIM staff are the only people authorized to print [from the EHR],” says Gorton. “There’s no printing of documents elsewhere. If we allowed it, there would be questions about how many copies were out there and which was the true original.”

Christiana Care in Wilmington, DE, is facing a similar dilemma as it implements electronic medication records and electronic signature functions. Early in the planning process, it surveyed physicians for feedback on digitizing these features and disabling print capabilities.

“The responses were about 50-50. Half said it’s fine to stop printing and move ahead to all EHR. The other half said it’s important to continue to have print capabilities. The passion around that came through,” says Kathy Westhafer, RHIA, CHPS, program manager for clinical information access. As a result, Christiana Care will allow printing from the EHR until it works through some hardware issues, getting enough of the right devices in the right places.

Worries about EHR reliability can also lead to duplicative printing. Amatayakul is aware of organizations that continue paper medication administration records after implementing barcode or other electronic medication administration modules. “It’s because they’re so nervous” that there will be a problem with the EHR, she explains.

In theory the paper and electronic records will be reconciled, but medications may not be documented on both systems. “You can compare the hard copy against the computer, but which is right?” she asks. “It’s a huge patient safety issue. It’s worse than not having computerized records.”

Chasing Stray Copies

Organizations with hybrid records probably face more issues around printing than those further along in EHR implementation. In hybrid situations there may be several acceptable means of documenting treatment and fewer ways to identify missing documentation.

In a hybrid environment, for example, physicians may be able to dictate progress notes, enter them directly into the EHR, or write on forms that are scanned later by HIM staff. As EHR implementation progresses, the option of completing forms by hand may be discontinued, and audit functions will identify any records accessed or modified as well as visits or procedures completed for which documentation is pending.

Hybrid records can pose particular challenges when records are amended. “We’ve seen an increase in patients asking to amend their records, and it gets more difficult if there is a hybrid record. You wonder if there are copies out there and, if there are different versions, which is current,” explains Raymond.

Paper copies also cause confusion when the format of printouts changes. EHR copies printed at different times with different versions of the software may contain the same information but appear different, according to Reed Gelzer, MD, MPH, CHCC, chief operating officer of Advocates for Documentation Integrity and Compliance in Wallingford, CT.

In at least one malpractice case, “copies [of the EHR] were printed for both the plaintiff and defendant, but there were multiple ways to accomplish it. In the end there were three copies of the medical record. The information was identical, but it appeared differently, and the court spent several weeks proving that it was the same information,” Gelzer says.

Some organizations now make PDF versions of EHRs released for legal purposes. “That way they can reproduce exactly what they released. You may still be creating a record of July 25, 2004, but the way the system printed it on September 5, 2005, and September 5, 2006, may be different,” Gelzer says.

Steering Clear of Work-Arounds

While looking forward to the time when health records are virtually paperless, HIM professionals can take steps now to minimize problems associated with printing. One of the most important is taking an active role in EHR implementation and in guiding institutions to consider the ramifications of printing portions of the EHR.

“HIM [professionals] are attuned to the systems, and they can get the hospital to slow down and do it right. If [organizations] do it too fast and don’t fix problems, that’s when people develop these work-arounds,” contends Amatayakul. She supports transition strategies like those employed by Rady Children’s and Brigham and Women’s Hospitals—to a point. “I realize people can only implement so much, but I’m not an advocate of operating in between [paper and electronic formats] for a long period, because it doesn’t help the cause.” It’s better to set a firm date and cut over from paper to all electronic, she says.

The process of leaving paper behind goes smoother when mechanisms are in place to boost confidence in the EHR. For instance, a clinician thinks she’s entered progress notes for a patient but can’t locate them online. Were the notes actually saved in the system, and do they map to the appropriate modules?

“There’s literally billions of pieces of information in an EHR,” says Gelzer. “How do you certify that it accurately reflects what’s in the record? There will be a period of time where that level of due diligence is required. Twenty years from now it will all be pro forma.” Short of verifying EHR accuracy, an index or table of contents can help clarify which parts of the record are electronic and where they can be found, suggests Amatayakul.

HIM staff have an important role in developing and periodically reviewing documentation and printing policies. “You need to evaluate them on a continuing basis to ensure that they’re flexible enough. Then as you move forward you can reassess and readjust,” says Amatayakul.

Documentation policies that specify document formats and the time frames required for completing records should bring clarity to a relatively common situation, that of a physician performing rounds in a hospital who prints face sheets for patients he expects to see. He then jots down a few memory-jogging notes for later dictation or EHR entry. At what point do these notes need to be part of the official record, even though they’re outside the approved method of documentation?

“With notebook computers and the ability to handwrite on computer screens, there’s technically no reason to document anything in paper. But if people are going to do so, it needs to be in the context of established policies and procedures,” contends Gelzer. “Anything that’s transcribed in the system needs to be within four to six hours after the visit so it meets the timeliness standard. If someone takes crib notes and three weeks later is sitting down to dictate, those crib notes really are the record.”

Any handwritten notes not intended for the official record should be disposed of properly—and consistently. “Don’t keep some and throw others away. That type of inconsistency can be a problem in legal settings,” advises Amatayakul.

Finding Local Solutions

Organizations have employed various strategies to rein in inappropriate documentation practices. Mayo Clinic Hospital in Phoenix has used an EHR system since opening in 1998. However, Mayo Clinic Arizona outpatient services, in operation before the hospital, used a much-revered paper chart system that dated back to Mayo Clinic's earliest days in Minnesota. One of the strategies used to help physicians transition from handwritten documentation was to designate a physician liaison.

"It means one thing if I say you can't document on printed copies of the EHR, but it carries more weight if a colleague says it," explains Debbi Jaskowski, RHIT, CHP, operations administrator. "We had a physician who would go to colleagues and tell them, 'This is not how we're working anymore. You have to dictate a note for it to go into the medical record.'"

Mayo Clinic Arizona also surveyed each department. "That was very helpful. We sat down and asked, what's in the old paper record that you can't live without? What's most important to you," recalls Jaskowski.

Most of the suggestions were generic enough to be used across all specialties, but certain adaptations were made. For instance, cardiologists and ophthalmologists wanted to review new and previous tests concurrently. In some instances, side-by-side terminals were installed; in others, HIM staff scanned pertinent portions of old records. "That was a way to keep the old charts from them. We had a concern that they might scribble something that needed to be in the new record," Jaskowski says.

Other institutions have disabled certain print functions, removed printers from certain areas, or used colored paper or paper with watermarks to indicate that anything printed from the EHR is not intended to be part of the official record. At Christiana Care any pages printed from the EHR include a notice: "Do not sign or edit this copy." The note also indicates that the original record is the electronic one. "It's a macro in the transcription system, which is stripped out if you're just viewing the EHR. You only see it if you print out," explains Westhafer.

Plans for transitioning from paper to EHR should be well-thought out, with input from those most affected—physicians, nurses, and other clinicians. However, once the plan is implemented, "you have to stick to it and not give exceptions. They'll come in with good reasons as to why they need paper," advises Jaskowski.

Industry certification criteria and definitive guidelines on printing are likely a while in the offing. In the meantime, organizations will find the best course of action based on individual circumstances, says Westhafer. "There's not necessarily a right decision across the board. It's up to your own processes and what your applications can and can't do while you're working towards an EHR."

Gina Rollins (rollinswrites@verizon.net) is a freelance writer specializing in healthcare.

Article citation:

Rollins, Gina. "Printing Electronic Records: Managing the Hassle and the Risk." *Journal of AHIMA* 78, no.5 (May 2007): 36-40.

Copyright ©2007 American Health Information Management Association. All rights reserved. All contents, including images and graphics, on this Web site are copyrighted by AHIMA unless otherwise noted. You must obtain permission to reproduce any information, graphics, or images from this site. You do not need to obtain permission to cite, reference, or briefly quote this material as long as proper citation of the source of the information is made. Please contact Publications at permissions@ahima.org to obtain permission. Please include the title and URL of the content you wish to reprint in your request.



To receive your

CE Certificate

Please go to the AHIMA Web site

<http://campus.ahima.org/audio/2007seminars.html>

click on the link to

"Sign In and Complete Online Evaluation"
listed for this seminar.

You will be automatically linked to the
CE certificate for this seminar after completing
the evaluation.

Each participant expecting to receive continuing education credit must complete the online evaluation and sign-in information after the seminar, in order to view and print the CE certificate.